



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
<b>Chawla</b>	<b>Colleen M.</b>		<b>510-339-1693</b>
MAILING ADDRESS (Street)			FAX
<b>1929 Arrowhead Drive</b>			<b>510-339-8064</b>
(City)	(State)	(Zip Code)	
<b>Oakland</b>	<b>California</b>	<b>94611</b>	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
<b>N/A</b>			<b>N/A</b>
MAILING ADDRESS (Street)			FAX
<b>N/A</b>			<b>N/A</b>
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
<b>MedImmune, Inc.</b>		<b>240-632-4715</b>
MAILING ADDRESS (Street)		FAX
<b>35 West Watkins Mills Road</b>		<b>301-527-4206</b>
(City)	(State)	(Zip Code)
<b>Gaithersburg</b>	<b>Maryland</b>	<b>20878</b>
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
<b>Elizabeth Z. Bartz, President</b>		<b>330-761-9960</b>
MAILING ADDRESS (Street)		FAX
<b>State and Federal Communications, Inc.</b> <b>80 South Summit Street. Suite 100</b>		<b>330-761-9965</b>
(City)	(State)	(Zip Code)
<b>Akron</b>	<b>Ohio</b>	<b>44308</b>

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) <b>Pharmaceuticals</b>
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Colleen M. Chawla:

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Brian M. Rosen		Director, Government Affairs	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
MedImmune, Inc.		240-632-4715	
MAILING ADDRESS (Street)		FAX	
35 West Watkins Mills Road		301-527-4206	
(City)	(State)	(Zip Code)	
Gaithersburg	Maryland	20878	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
Brian M. Rosen:		6/6/05	
(Signature of Authorizing Officer or Person Represented)		(Date)	